

**SARS Pages from the**  
**Microbiology Client Services Manual**

**State of Utah Public Health Laboratory**  
**46 North Medical Drive**  
**Salt Lake City, UT 84113-1105**  
***Phone: 801-584-8400    FAX: 801-584-8486***

**Utah Department of Health**

# ***MICROBIOLOGY CLIENT SERVICES MANUAL***

## **State of Utah Public Health Laboratory**

### **GENERAL INSTRUCTIONS**

#### **CONTACT US:**

##### **ADDRESS, PHONE, FAX, and WEBSITE**

State of Utah Public Health Laboratory  
46 North Medical Drive  
Salt Lake City, UT 84113-1105  
*Phone: 801-584-8400*  
FAX: 801-584-8486  
Webpage: [HTTP://health.utah.gov/els/microbiology](http://health.utah.gov/els/microbiology)

#### **KEY PERSONNEL**

##### Billing

Bob Anderson

##### Environmental (Water) Microbiology

Sanwat Chaudhuri, Ph.D. -- Section Chief

##### Microbiology Bureau

Barbara Jepson, MPA, MT(ASCP) -- Bureau Director

Dan Andrews, MS, MT(ASCP) -- Section Chief of Bacteriology,

Food Bacteriology, Mycobacteriology, Parasitology

Jana Coombs, BS, M/SV (ASCP) -- Section Chief of Newborn Screening

June Pounder, Ph.D. -- Section Chief of Molecular Biology, and  
Bioterrorism coordinator

Tom Sharpton, MS, SM(ASCP) -- Section Chief of Immunology, Virology

##### Technical Services

Chris Peper, MT(ASCP) -- Section Chief

#### **REPORTING:**

**You must supply your correct Customer ID Code to receive test results.**

Some mail services and couriers are taking a week or more to get your samples to us.

If you are having problems with turn around time for results, check your delivery method.

See individual test for specific reporting criteria and methods.

#### **REQUISITIONS:**

Blank request forms with your customer ID code are available from Technical Services  
(also see Appendix B for blank forms WITHOUT the customer ID).

**All information must be provided. Incomplete requisitions cannot be processed.**

**SPECIMEN LABELING:** See individual requirements under specific test.

**\*\*\*NOTE: Specimen containers from the State of Utah Public Health Lab have an outdate printed on the label. Do not collect any sample in an outdated container.**

**Call Technical Services at 801-584-8204 for a new container.**

We do not supply blood collection tubes.

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**LAB TEST – Immunology Section**

<b>TEST</b>	SARS-associated Corona virus (Total Antibody) See also Molecular Biology section.
<b>METHOD</b>	ELISA (Enzyme-linked Immunosorbent Assay)
<b>AVAILABLE</b>	All Clients – A consultation with UDOH Epidemiology is required prior to submitting specimens: (801) 538-6191.
<b>PATIENT PREP</b>	Use aseptic collection technique
<b>SPECIMEN</b>	> 1 ml serum
<b>COLLECT IN</b>	Clot tube (5, 7, or 10 ml). Serum must be separated from the cells.
<b>PROCESSING</b>	Send entire blood specimen
<b>TRANSPORT</b>	Room temperature. Do not freeze.
<b>TIME CRITICAL</b>	Specimen must be received within 7 days of collection
<b>LABEL</b>	Patient's full name or unique ID number, and collection date
<b>REQUISITION</b>	Immunology/Serology Test Request Form (see form in following pages), <b>AND</b> a Patient Consent Form (available from UDOH Epidemiology).
<b>TEST COMPLETE</b>	Within 1 week
<b>RESULTS</b>	Negative or positive for corona virus
<b>REPORTED</b>	Mail, e-mail, or fax, as established with provider
<b>NOTE</b>	Acute serum should be drawn 7-10 days after onset of symptoms. A negative acute specimen does not rule out presence of virus. A convalescent sample must be drawn >28 days after onset of symptoms. A negative result from the convalescent sample is not consistent with corona virus infection.
<b>CONTACT</b>	Immunology section

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**LAB TEST – Molecular Biology Section**

<b>TEST</b>	SARS corona virus (Severe Acute Respiratory Syndrome) See also Immunology section for serological testing.
<b>METHOD</b>	Polymerase Chain Reaction (PCR). For SARS Serology testing, refer to the Immunology Section.
<b>AVAILABLE</b>	All Clients – A consultation with UDOH Epidemiology is required prior to submitting specimens: (801) 538-6191. Please complete Patient Consent form and send with specimens.
<b>PATIENT PREP</b>	N/A
<b>SPECIMEN</b>	Oropharyngeal or nasopharyngeal swabs, oropharyngeal wash, sputum, sera, plasma, stool.
<b>COLLECT IN</b>	Sterile containers. Swabs should be placed in tube without transport medium.
<b>PROCESSING</b>	N/A
<b>TRANSPORT</b>	Specimens should be kept cold. If shipping, ship on wet ice within 48 hr, if shipping is delayed, freeze and ship on dry ice.
<b>TIME CRITICAL</b>	Should be received at our laboratory as soon as possible
<b>LABEL</b>	Patient's full name or unique identifier, and date of collection.
<b>REQUISITION</b>	Molecular Biology Test Request Form (see form in following pages), <b>AND</b> a Patient Consent Form (available from UDOH Epidemiology).
<b>TEST COMPLETE</b>	24 hours
<b>RESULTS</b>	Detected or not detected
<b>REPORTED</b>	Phone, fax, or email, as established with provider
<b>ADD. INFO</b>	UDOH Lab cannot test specimens without prior Epidemiology consult and a Patient Consent Form.
<b>CONTACT</b>	(801)584-8449: June Pounder or Kim Christensen

<b>IMMUNOLOGY/SEROLOGY TEST REQUEST FORM</b>		<b>FOR LABORATORY USE ONLY</b> LAB#: _____					
<b>STATE OF UTAH PUBLIC HEALTH LABORATORY</b> 46 NORTH MEDICAL DRIVE SALT LAKE CITY, UTAH 84113-1105 TELEPHONE: (801) 584-8400 FAX: (801) 584-8486		DATE STAMP: _____					
<b>TESTING WILL NOT BE PERFORMED UNLESS SLIP IS COMPLETELY FILLED OUT. PLEASE PRINT CLEARLY FOR ACCURACY.</b>							
<b>PATIENT INFORMATION:</b> Patient Name (Last, First): _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">Patient ID #:</td> <td style="width: 25%; padding: 5px;">DATE OF BIRTH (mm/dd/yy) ____/____/____</td> <td style="width: 25%; padding: 5px;">AGE: _____</td> <td style="width: 17%; padding: 5px;">SEX: M F</td> </tr> </table>				Patient ID #:	DATE OF BIRTH (mm/dd/yy) ____/____/____	AGE: _____	SEX: M F
Patient ID #:	DATE OF BIRTH (mm/dd/yy) ____/____/____	AGE: _____	SEX: M F				
<b>PROVIDER INFORMATION:</b> Provider Code: _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">           Physician: _____            Provider Phone: _____            Provider Email: _____            Secure Fax #: _____         </td> <td style="width: 40%; padding: 5px;"> <b>SPECIMEN COLLECTION DATE</b>            (MM/DD/YY)            ____/____/____         </td> </tr> </table>		Physician: _____ Provider Phone: _____ Provider Email: _____ Secure Fax #: _____	<b>SPECIMEN COLLECTION DATE</b> (MM/DD/YY) ____/____/____		
Physician: _____ Provider Phone: _____ Provider Email: _____ Secure Fax #: _____	<b>SPECIMEN COLLECTION DATE</b> (MM/DD/YY) ____/____/____						
<b><u>Syphilis Serology</u></b> <input type="checkbox"/> RPR (1, 2) <input type="checkbox"/> 1st Specimen (1) <input type="checkbox"/> 2nd Specimen(2) <input type="checkbox"/> Previous Positive RPR (3) <input type="checkbox"/> Previous Positive FTA (11) <input type="checkbox"/> Contact (4) <input type="checkbox"/> Prenatal (8) <input type="checkbox"/> FTA-ABS (2, 4)		<div style="border: 1px solid black; height: 150px; display: flex; align-items: center; justify-content: center;"> <b>STATE OF ORIGIN OF PATIENT/SAMPLE</b>          _____       </div>					
<b><u>Miscellaneous Serology:</u></b> <input type="checkbox"/> HBsAg (antigen) (5) <input type="checkbox"/> HbsAb (antibody) (13, 14) <input type="checkbox"/> HCVAbs (antibody) (18) <input type="checkbox"/> Hantavirus (Sin Nombre) (55) <input type="checkbox"/> SARS (Total Antibody) (60) <input type="checkbox"/> Other* Specific Agent Suspected: _____		<div style="border: 1px solid black; height: 150px; display: flex; align-items: center; justify-content: center;"> <b>ADDITIONAL INFORMATION</b>          (List pertinent information including presumptive ID)       </div>					
Date of Onset (mm/dd/yy): ____/____/____							
<b><u>Specimen Information:</u></b> <input type="checkbox"/> Acute serum drawn on (mm/dd/yy): ____/____/____ <input type="checkbox"/> Convalescent serum drawn on (mm/dd/yy): ____/____/____		<div style="border: 1px solid black; height: 150px; display: flex; align-items: center; justify-content: center;"> <b>ADDITIONAL INFORMATION</b>          (List pertinent information including presumptive ID)       </div>					
Date of Onset (mm/dd/yy): ____/____/____							

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